

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022916

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 17 1963

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Puxico		Length of stay in 1b 9 months	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION family home		d. STREET ADDRESS (If outside, give location) family home	
3. NAME OF DECEASED (Type or print) First Middle Last Donna Ranee Cochran		4. DATE OF DEATH Month Day Year May 7, 1963	
5. SEX female	6. COLOR OR RACE cauc.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/26/1963
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child	10b. KIND OF BUSINESS OR INDUSTRY -		9. AGE (last birthday) Months Days 9 11
11. BIRTHPLACE (City and state or country) Poplar, Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Fred Cochran		13b. MOTHER'S MAIDEN NAME Cindy Metcalf	
14. NAME OF HUSBAND OR WIFE -		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. -		17. INFORMANT Fred Cochran, Puxico, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (Accidental) Electrocution Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH Immediate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Vacuum Cleaner & Floor Furnace shock.	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home.		20f. CITY, TOWN, OR LOCATION Puxico, Mo. Stoddard.	
21. I attended the deceased from Birth to 5-7-63 and last saw her alive on 1-26-63 Death occurred at 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 5-9-63	
22a. SIGNATURE Pharm. J. J. J. M.D.		22b. ADDRESS Poplar Bluff, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/9/1963	23c. NAME OF CEMETERY OR CREMATORY Puxico Cemetery	23d. LOCATION (City, town, or county) Puxico, Missouri
24. FUNERAL DIRECTOR Watkins & Sons		25. DATE RECD. BY LOCAL REG. 5-12-63	26. REGISTRAR'S SIGNATURE V. J. J.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 1030

2 1030

3

4 1

5 0

6

7 0

8 1

9 140

10 22

11 103

12 90-0

13 2-0

Burial Permit
issued 5/8/23

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.